

CHAPTER OVERVIEW

Loss and separation are universal human experiences. The ways in which people respond to loss share common elements. The family Children's Service Worker must prepare the child, parent and placement provider to recognize the typical behavioral and emotional responses to loss and successfully resolve the grief associated with loss. This chapter will examine loss and separation issues.

Stages of Grieving

Parents and children both exhibit similar reactions, feelings and behaviors as they pass through the stages of grief. Adults and children will both progress through five stages as they struggle with separation: shock, guilt/self-blame, anger, despair, and adjustment.

The following describes some of the feelings and behaviors of parents.

- **Shock.** When the loss of the child first becomes evident to the parents, they exhibit shock-like behaviors. Parents may cry, feel shaky and find it difficult to hear what others are saying to them. They cannot think of anything except the child who has been removed. Parents may feel as though they are experiencing a dream and are just waiting to wake up. Parents may carry out their daily activities in a state similar to sleep walking - without really knowing what they are doing. They wonder what the child is doing, whether the foster parents are taking good care of the child, and doing things in the way to which the child is accustomed. The parents may think they see or hear the child in the child's bedroom. They try to keep busy and not think, but the last glimpse of their child keeps coming back. The shock may last from a few days to a few weeks. Even though others may try to comfort the parents, they feel distant and "outside" the rest of the world. Shock affects cognitive abilities such as being able to sort out their problems so plans can be made and actions taken. Shock affects both long-term and short-term memory. Information given may not be received correctly or may be forgotten. Sometimes people forget entire conversations and can't remember what they said to whom or who provided them with information. Parents sometimes wonder how they will manage without their children. Stress-related illnesses are likely to occur.
- Another behavior characteristic of this stage is **bargaining**. Bargains may be made with self, God, or whatever power is seen as being in control of right and wrong in the universe. Bargains may be similar to the following: "I'll never take another drink again, if only my child comes home" or "Dear God, if my child comes back, I will never hit her again."
- **Guilt/Self-Blame.** Most parents of children in foster care feel guilty for not being able to care adequately for their offspring. Placement is visible evidence of their failure as parents. Guilt is often the way they deal with their

feelings of embarrassment or shame - feelings that may cause parents to avoid people who know of their actions, such as caseworkers, foster parents or family members. Sometimes parents find it easier to avoid the child than to deal with the child's questions about why he or she is no longer with the parent.

Bargaining may continue in this stage. If the parents make some positive behavior changes but the child is not returned, they may move into the anger stage.

- **Anger.** Parents may feel angry at strangers, or if they are religious, they may feel angry toward God. If their child was placed involuntarily, the parents may be furious with the caseworker, agency, court, etc. They may also be angry at themselves. Some parents lose their appetites, others eat constantly. Some parents experience sleep disturbances. Other parents may increase their cigarette, alcohol or drug use. They may find themselves fearful over nothing and afraid of what others think of them. They will keep going over what happened and what they could have done to make it different.

Parents may also be angry with their children; they may feel the children were difficult on purpose. Parents may tell themselves they are glad the children are gone and that they never want them back. They may resent the children for making them experience all the pain they are feeling.

Many parents become frightened at the level of their anger and may avoid their child or the caseworker. Some parents are unable to progress beyond this stage because anger hurts less than the next step - despair. These are the parents we may label as "hostile," "resistant" or "unmotivated". They are people for whom aggressive outreach and support are especially critical to help them move through the grief process.

- **Despair.** At this point parents may not care about anybody or anything. They feel worthless and may see no point in getting up in the morning. Their world may seem barren and silent, and the parent may feel empty and hollow. Some parents may become ill; others may become suicidal. Some parents may try to escape from the despair by moving to another city, taking on a new job, or going to bars, etc. There may be a pervasive feeling of hopelessness and the parents may give up efforts to maintain a relationship with the child. Some of the behaviors expressed in the anger stage may also be expressed in despair or depression. Eating and sleeping disorders are common. Self-medication by use of drugs or alcohol may occur.
- **Adjustment.** One day things seem better. Parents begin eating and sleeping normally. They miss their children, but they have a more realistic understanding about the need for foster care. At this point, parents become invested in visiting the child and in keeping appointments with the worker or

therapist. They may begin to feel better about spending time with their child now than before the child entered care. In addition, parents now have energy to deal with their problems. Usually, this adjustment comes if the parents can believe that care is temporary or will enable them to make a good plan for the child's future.

Related Subject: Chapter 19, of this section, Parental Behavior/Ambivalent.

Children typically go through the same five stages of grief, and there are specific behaviors which characterize each.

- **Shock.** Often there is a honeymoon period for the first few weeks the child is in care. At this time, children in care are on their best behavior. This "honeymoon" period may stem from a combination of denial and bargaining. Children may be thinking, "if I'm really good, they will let me go home." One common behavior at this stage is rhythmic plan, where children may skip rope, or bounce, kick or throw a ball against the wall continuously. Children at this stage are often compliant and cooperative.

During this period some frightening things may be happening to the child. There may be memory loss, both short-term and long-term. They may be fearful that they will forget their parents. It may be hard for them to recall an image of their parents' faces. Children may have difficulty remembering conversations that were important or the questions that were asked. Children may repeat the same question over and over. They may hold on to items from home as though they were life-saving objects. Occasionally, an item given to the child by the parents may become a very important transitional object that signifies security and an ongoing attachment to the parents. Children may be very uncomfortable if their possessions are moved or disturbed, partly because of the confusion this might cause, but also because such children need some area in their life where they can exert control.

Children in this stage may become enuretic or encopretic, and may also develop stress-related illnesses. They may be tired or listless. They may develop fevers and aches. Upper respiratory infections are very common.

Children may enter into bargains, often silent ones, with God or the powerful forces they see controlling their world. Bargains such as "If I am good today, I know my Mom will call tonight," or "if they only let me go home, I'll never say bad things about Mom or Dad again."

- **Guilt/Self-Blame.** Most children removed from their families believe that they did something wrong. Most abused and neglected children blame themselves for the maltreatment they suffer. They often believe that there is something inherently wrong with them. Removal from their family and placement in foster care is further confirmation of that belief. Such children

may be very uncomfortable around their parents and other people who know "what they did." Sometimes they do things they know will result in discipline so they can be punished for being bad. They may continue their bargaining with thoughts such as "I'll be good and then Dad won't hit me again."

- **Anger.** This phase is characterized by anxiety, hostility, helplessness, and weeping. At this point the child does everything possible to return home. These children are angry at everything and everyone. What would not normally bother a child will bother them. Consequently, their behavior may be characterized by rebellion, constant demands and serious behavior problems that may take the form of kicking, biting, screaming, fighting, cursing and many other behaviors that would be considered "acting up" or "acting out." The child may think about running away or may actually run away. He or she may exhibit self-mutilation behaviors and suicidal ideations. Children may feel angry at their birth parents and may direct anger toward them. Some children may direct their anger at foster or adoptive parents because they are available and may be a safer target than the birth parent. It is also a way of testing whether the foster or adoptive parents really care for them.
- **Despair.** At this point children feel despair, pain, hopelessness and depression. These children continue to long for the lost parent(s). Some children may be sad or cry. Others may not appear sad or cry; however, they may demonstrate their behavior by apathy, restlessness, withdrawal and their behavior may regress to an earlier age. Children may not take good physical care of themselves and may neglect their personal appearance and hygiene. They may sleep a great deal or have difficulty sleeping. They may develop eating disorders such as bulimia or anorexia. Children may also have suicidal thoughts or develop a plan for suicide.
- **Adjustment.** The primary indicator of this phase is that the child seeks new relationships and is able to become emotionally invested in them. Children may appear content, more self-confident and happy. Their behaviors may be characterized by an eagerness to please, by cooperation and by striving to become independent. They may show more interest in their physical care and appearance. The child will become more spontaneous in actions and in expressing feelings. Children at this time can talk more freely about their parents and with less pain. Children at this point are more available to take part in the activities of the foster or adoptive family.

Helping the Child Develop Attachment and Resolve Losses

There are many things that can be done to help the child develop attachments and resolve losses. A few of these are listed below:

- View behaviors as opportunities to re-parent the child and meet the child's attachment needs. In one true-life example, a foster mother did not punish her child whenever he shoplifted items. Instead, she insisted he return each item to the store and explain to the manager what had happened. In time, the child's embarrassment outweighed his desire to gain negative attention through shoplifting, and he stopped. By making him feel accountable for his actions, his foster mother had helped him begin to develop a conscience and take personal responsibility for his life.
- Make a commitment to identify the behavior that signifies the child's greatest need and develop a plan to meet that need. For example, if your child is overly aggressive, starts fights or rejects or destroys things you value, this could signal low self-worth. Reinforcing the child's self-worth can help stop the negative behaviors.
- Identify one behavior and the corresponding need that can be met within two weeks so you and the child can experience success. For example, refusal to do homework may signal a child does not understand the subject and needs a tutor. By arranging tutoring, you help the child experience short-term success in completing homework assignments and long-term success in improved grades.
- Identify something each parent can do every day with the child for 15 minutes that will be pleasurable for the child and parent. This activity may be reading together, talking quietly about the day or watching television. The key is that it should be enjoyable for you and the child.
- Identify activities and behaviors that represent your family and include the child in those activities. For example, if each member of your family has a special place at the table or seat in the family room, then help the child entering your family to have his/her special place.
- Identify a special role and responsibility for the child in your family.
- Identify some of the child's strengths and think of ways to build on them.
- Help the child to have mementos and memories of all significant people in his/her life.
- Develop a life book with the child.
- Help children talk about their families.
- Help the children express feelings of loss or missing their families.

- Help the child normalize feelings of loss by saying things such as "I would be concerned if you weren't feeling angry about being away from your folks."
- Predict the next stage of the grieving process and some of the feelings the child might have in that stage.
- Identify non-harmful ways the child can express anger, frustration or sadness.
- Be willing to share some of your loss experiences with the child and the ways you resolved them.
- Help children remain connected to and have contact with significant people from their past.
- Affirm the child's worth and value.
- Identify familiar and pleasurable things for children from their past and help them in the new environment (things such as favorite smells, people, activities, foods, etc.
- Be able to allow the time needed for attachments and trust to develop and for recovery and healing to take place.

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MEMORANDA HISTORY: